U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Disc Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 335	2. Fiscal Year Covered From:				
	01 / 01 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name BRIAN PETRONELLA	Name UPCW LOCAL No. 371				
	Labor Organization File Number 6 25-718				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 470				
Street 71 LINDER PLACE	Street 290 POST ROAD WEST				
City NBRWALK	City WESTPORT				
State CT ZIP Code + 4 06851	State C_T ZIP Code + 4 06881 = 5470				
5. Position in labor organization.  PRESIDENT	5. Position in labor organization.  PRESIDENT				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street	7.0. Allouit				
City City					
State ZIP Code + 4	Filler to a state to first and a superior of the state of				
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed A G	On 8-1-05 (203) 226-4751				

Name of Person Filing BRIAN CETRON ELLA		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name UFCW NATIONAL PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any ρ.ο. Βοχ ΙΙΙολ  Street  City CHICAGO  State IL ZIP Code +4 Gall-οΙολ  10. If 9.b. or 9.c. is checked give trust or employer's name. ΝΑ	9. Business deals with:  a. Labor Organization b. Trust c. Employer	g.	ON FUND	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	THESE ARE EXPENSES CONFERENCES AND AIRFARE, CAR RENTA	HESE ARE EXPENSES FOR ATTENDING MEETINGS AND ON FERIENCES AND INCLUDE THE COST FOR LOSGING REALS.		
Street	11.b. Approximate dollar value	of such dealing.		
City State ZIP Code + 4	12.a. Nature of interest held o	or income received.		
	12.b. Amount.	None		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	r parts A and B above) or other thing of value.  14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing BRIAN PETRONELLA		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	5	
8. Name and address of Business (including trade name, if any).  Name ZENITH ADMINISTRATORS INC.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 2600  Street 541 NORTH FAIRBANKS COUNT  City CHICAGO  State IL ZIP Code +4 60611	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.   Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealir TRUSTUK EXPENSES CO THESE ARK EXPENSE CONFERENCES AND	ng. VENUS BY ZENITH ADMINISTHATO S FOR ATTENIS ING MEETING ARE FOR MEAL EXPENSE,	RS INC. (ANS
City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Source State and Charles and the second	
	12.b. Amount,	None	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	A	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,	t to the second section of the second section is a second section of the second section of the second section is a second section of the section of the section is a second section of the section of the section is a section of the s	many of the second second
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing BRIAN PETRONELLA		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines tively seeking to represent, or directly to, or otherwise	;s	
8. Name and address of Business (including trade name, if any).  Name Boston Partners Asset Maragement  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 2 15t FLOOR  Street 28 STATE STREET  City Boston  State MA ZIP Code + 4 02109	9. Business deals with:  a. Labor Organiza b. Trust c. Employer	ıtion	Park 10
10. If 9.b. or 9.c. is checked give trust or employer's name. NAME  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing TRUSTEE EXPENSION EXPENSION CONFERENCE	ng. SES COVENED BY BOSTON PARTA JUSES FOR ATTENIYNG MUSTING E AND ARE FOR MEAL EXPEN	vers. is vse.
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City	11.b. Approximate dollar value	Sample Solven provide the March Constant	
State ZIP Code + 4	12.a. Nature of interest held	for income received.	
	12.b. Amount.	NONE	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value. NA		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name (1991) And the second of			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City State ZIP Code + 4			

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

Name of Person Filing BRIAN PETRONELLA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary is substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LAZARD FAERES ASSET MANAGEMENT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 5 TTH FLOOR  Street 30 ROCKEFELLER PLAZA  City NEW YORK  State. N.Y ZIP Code +4 10020	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE EXPENSES COVERED BY THESE ARE EXPENSES FOR ATTER CONFERENCE AND ARE FOR M.	IDING MEETINGS AND
Street	11.b. Approximate dollar value of such dealing.	119
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	NONE
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	CANTO A SIND STATE TO THE ART A THE STATE OF
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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City		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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